

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-015341

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 22Primary Registration District No. 4134Registrar's No. 110

STATE FILE NUMBER

FILED MAY 13 1963

VS 300
Rev. 4/59

1 6000

2 0830

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12 4-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Smithville</u>		c. CITY OR TOWN <u>Platte City</u>	
Length of stay in 1b <u>4 Hours</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Smithville Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>None</u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Thomas</u> Middle <u>Hammond</u> Last <u>Hulett</u>		4. DATE OF DEATH Month <u>May</u> Day <u>7</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-3-1900</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Meat Cutter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Supermarket</u>	
11a. BIRTHPLACE (City and state or country) <u>Platte City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>James Allen Hulett</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Field</u>	
14. NAME OF HUSBAND OR WIFE <u>Mary Elizabeth Hulett</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or title of) <u>Yes</u> <u>W. W. II</u>	
16. SOCIAL SECURITY NO. <u>57</u>		17. INFORMANT Address <u>Mrs. Mary Hulett Platte City, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per item) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Rupture of dissecting</u> <u>aneurysm of left common</u> DUE TO (b) <u>ileal artery</u> DUE TO (c) <u>8 hours</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH	
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <u>1950</u> Month, Day, Year <u>5/8/63</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <u>Platte City, Mo.</u>		COUNTY <u>Platte</u> STATE <u>Mo.</u>	
21. I attended the deceased from <u>3</u> to <u>5/8/63</u> and last saw her alive on <u>5/7/63</u> Death occurred at <u>3</u> A. M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>Abraham Packman</u> (Degree or title) 22b. ADDRESS <u>Platte City, Mo.</u> 22c. DATE SIGNED <u>5/8/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>5-7-1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Platte City Cemetery</u>		23d. LOCATION (City, town, or county) <u>Platte City, Missouri</u>	
24. FUNERAL DIRECTOR <u>Tommy R. Rollins</u> ADDRESS <u>Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>5-8-63</u>	
26. REGISTRAR'S SIGNATURE <u>Marjorie Judson</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AUG 28 1963

JAN 17 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Lawrence P. Ballens

Licensed Embalmer No. 5110

P. O. Address

Platte City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.